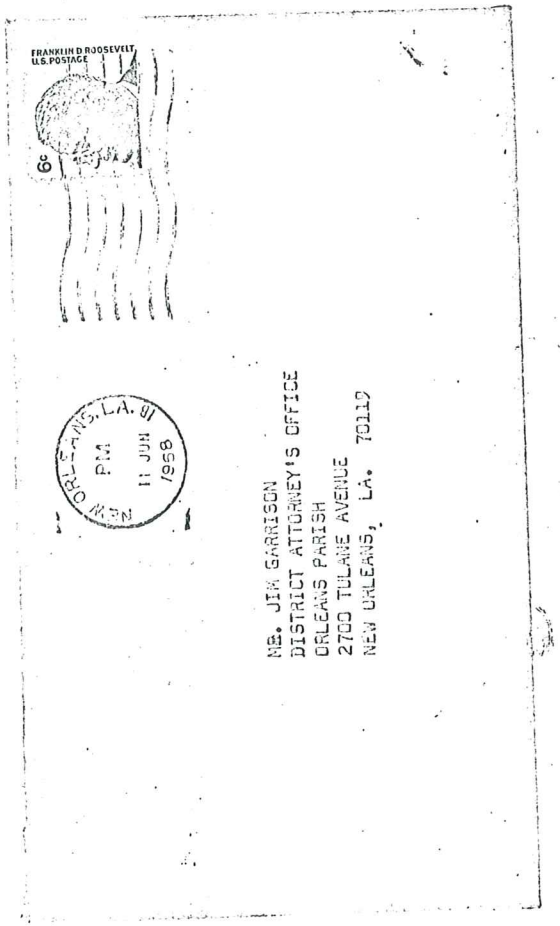

REQUEST FOR DISPOSITION OF ☒ CHECK ☐ SAVINGS BOND ☐ MAIL ☐ Hold Until_____

NAME OF EMPLOYEE	ORGANIZATIONAL UNIT
Deyahn H. Calixtas	CIA

PAY DAY(S) AFFECTED	ALLOTMENT NUMBER	SHIFT
5/14/68		

Miss Deyahn H. Calixtas
320 Ridgeway Drive
Metairie, La. 70001

(Copy)

CHECK OR BOND NO.

DATE MAILED